

2015-2009

STATE OF SOUTH CAROLINA

(Caption of Case)

ORDER DESIGNATING TELRITE  
CORPORATION d/b/a LIFE WIRELESS AS AN  
ELIGIBLE TELECOMMUNICATIONS CARRIER  
FOR PURPOSE OF OFFERING LIFELINE  
SERVICE

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER SHEET

DOCKET  
NUMBER: 2012 - 325 - C

(Please type or print)

Submitted by: Compliance Solutions, Inc.

SC Bar Number: \_\_\_\_\_

Telephone: 407-260-1011

Address: 740 Florida Central Parkway

Fax: 407-260-1033

Suite 2028

Other: \_\_\_\_\_

Longwood, FL 32750

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**DOCKETING INFORMATION** (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☐ Other: Telrite Corporation/LIFE WIRELESS Report of Customer Deactivations for period ending June 30, 2013

**INDUSTRY (Check one)**

- ☐ Electric  
☐ Electric/Gas  
☐ Electric/Telecommunications  
☐ Electric/Water  
☐ Electric/Water/Telecom.  
☐ Electric/Water/Sewer  
☐ Gas  
☐ Railroad  
☐ Sewer  
☐ Telecommunications  
☐ Transportation  
☐ Water  
☐ Water/Sewer  
☐ Administrative Matter  
☐ Other: \_\_\_\_\_

**NATURE OF ACTION (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Affidavit                 | <input type="checkbox"/> Letter                            | <input type="checkbox"/> Request                   |
| <input type="checkbox"/> Agreement                 | <input type="checkbox"/> Memorandum                        | <input type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer                    | <input type="checkbox"/> Motion                            | <input type="checkbox"/> Request for Investigation |
| <input type="checkbox"/> Appellate Review          | <input type="checkbox"/> Objection                         | <input type="checkbox"/> Resale Agreement          |
| <input type="checkbox"/> Application               | <input type="checkbox"/> Petition                          | <input type="checkbox"/> Resale Amendment          |
| <input type="checkbox"/> Brief                     | <input type="checkbox"/> Petition for Reconsideration      | <input type="checkbox"/> Reservation Letter        |
| <input type="checkbox"/> Certificate               | <input type="checkbox"/> Petition for Rulemaking           | <input type="checkbox"/> Response                  |
| <input type="checkbox"/> Comments                  | <input type="checkbox"/> Petition for Rule to Show Cause   | <input type="checkbox"/> Response to Discovery     |
| <input type="checkbox"/> Complaint                 | <input type="checkbox"/> Petition to Intervene             | <input type="checkbox"/> Return to Petition        |
| <input type="checkbox"/> Consent Order             | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation               |
| <input type="checkbox"/> Discovery                 | <input type="checkbox"/> Prefiled Testimony                | <input type="checkbox"/> Subpoena                  |
| <input type="checkbox"/> Exhibit                   | <input type="checkbox"/> Promotion                         | <input type="checkbox"/> Tariff                    |
| <input type="checkbox"/> Expedited Consideration   | <input type="checkbox"/> Proposed Order                    | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest                           |  |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit             |  |
| <input type="checkbox"/> Late-Filed Exhibit        | <input checked="" type="checkbox"/> Report                 |  |

Print Form

Reset Form



RECEIVED

JUL 16 2013

PSC SC  
MAIL / DMS

July 15, 2013

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: Docket No. 2012-325-C, Order No. 2013-4, Telrite Corporation d/b/a LIFE WIRELESS**  
Lifeline Customer Non-Usage Report 2Q 2013

		April 2013	May 2013	June 2013
1	Provide the number of customers who have been de-enrolled for not having activity in a 60 day period or longer.	739	2,890	4,244
2	Provide the number of customers who did not pass the annual verification	0	0	0
3	Provide the number of customers that were voluntarily de-enrolled.	141	168	193

I hereby certify that the above information is true and accurate as of the date indicated. I further affirm that I have the responsibility and authority to make this certificate on behalf of Telrite Corporation d/b/a LIFE WIRELESS.

Signature

Mark Lammert, CPA

Attorney-in-Fact

Telrite Corporation d/b/a Life Wireless

STATE OF SOUTH CAROLINA

(Caption of Case)

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CORPORATION d/b/a LIFE WIRELESS AS AN  
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DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☐ Other: Telrite Corporation d/b/a LIFE WIRELESS Copy of Form 497 for period ending June 30, 2013

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report		

Print Form

Reset Form



July 15, 2013

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: Telrite Corporation d/b/a LIFE WIRELESS Docket No. 2012-325-C – Order No. 2013-4  
Compliance Filing - Copy of Form 497**

Dear Sirs:

Pursuant to Order Approving Telrite Corporation d/b/a LIFE WIRELESS (Life Wireless) as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-325-C – Order No. 2013-4 the South Carolina Public Service Commission ("Commission") designated Life Wireless an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires Life Wireless to submit a copy of Form 497 filed with USAC.

Telrite Corporation d/b/a LIFE WIRELESS respectfully submits the required data for the quarter April 2013 to June 2013 and due by July 15, 2013.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark Lammert', is written over a horizontal line.

Mark Lammert CPA

Attorney-in-Fact

Telrite Corporation d/b/a LIFE WIRELESS

RECEIVED

JUL 16 2013

PSC SC  
MAIL / DMS

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

- (1) USAC Service Provider Identification Number 143028229 (2) Study Area Code 249021  
(3) Filer 499 ID 823594 (4) Technology Type (check one) Wireline ☐ Wireless ☒  
(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information

(7) Filing Information

Company Legal Name:	Telrite Corporation	a) Submission Date	06/28/2013
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2013
Mailing Address:	4113 MONTICELLO ST	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	COVINGTON, GA 30014	d) State Reporting	SOUTH CAROLINA
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>43808</u>	x \$ <u>9.25</u>	= \$ <u>405224</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>405224</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0  
Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 405224 Total TLS \$ 0 Total Tribal Link Up \$ 0  
Total Dollars (19) \$ 405224

If you have any questions, please call USAC at (866) 873-4727 Toll Free

**(20) CERTIFICATIONS AND SIGNATURES**

**I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.**

**I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.**

**Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.**

**I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.**

**Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.**

06/28/2013

Kelly Jesel

DATE

OFFICER SIGNATURE

CFO

Kelly Jesel

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please DO NOT SEND the data requested to this e-mail address.

Remember – An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143028229 (2) Study Area Code 249021

(3) Filer 499 ID 823594 (4) Technology Type (check one) Wireline ☐ Wireless ☒

(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information

(7) Filing Information

Company Legal Name:	Telrite Corporation	a) Submission Date	06/10/2013
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2013
Mailing Address:	4113 MONTICELLO ST	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	COVINGTON, GA 30014	d) State Reporting	SOUTH CAROLINA
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>51683</u>	x \$ <u>9.25</u>	= \$ <u>478068</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>478068</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 478068 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 478068

If you have any questions, please call USAC at (866) 873-4727 Toll Free

**LIFELINE WORKSHEET**

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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06/10/2013

KELLY JESEL

DATE

OFFICER SIGNATURE

CFO

KELLY JESEL

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval  
3060-0819  
Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143028229 (2) Study Area Code 249021

(3) Filer 499 ID 823594 (4) Technology Type (check one) Wireline ☐ Wireless ☒

(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information

Company Legal Name:	Telrite Corporation
Contact Name:	Caitlyn Lumpkin
Mailing Address:	4113 MONTICELLO ST COVINGTON, GA 30014
Telephone Number:	678-389-6024
Fax Number:	770-594-3878
E-mail Address:	cmmurp@cgminc.com

(7) Filing Information

a) Submission Date	07/08/2013
b) Data Month	June 2013
c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
d) State Reporting	SOUTH CAROLINA

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>51983</u>	x \$ <u>9.25</u>	= \$ <u>480843</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$ <u>480843</u>			

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 480843 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 480843

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**(20) CERTIFICATIONS AND SIGNATURES**

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07/08/2013

Kelly Jesel

DATE

OFFICER SIGNATURE

CFO

Kelly Jesel

OFFICER TITLE

OFFICER NAME

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